



State of California
Department of Industrial Relations
Division of Apprenticeship Standards
www.dir.ca.gov/DAS/ElectricalTrade.htm
Electrician Certification Program

E T
Electrician
Trainee

APPLICATION FOR NEW REGISTRATION OF
= ELECTRICIAN TRAINEE =

Name: Last: _____ Sfx: _____ First: _____ Initial: _____

Name must match U. S. Drivers License or State ID:

Drivers License or State ID #: _____ D/L State: _____ Birthdate: ____/____/____
MM DD YYYY

Please PRINT or type all information in INK

Mailing Address: _____

City: _____ County: _____

State: _____ Zip: _____ - _____ E-Mail: _____

Day Phone: _____ / _____ - _____ Evening Phone: _____ / _____ - _____

NOTE: You must attach a copy of the Enrollment or Completion form in an Approved Curriculum or this application will not be processed.

Check **one box** and **enter school number** and **name** below:

I certify that I ☐ am Enrolled in or ☐ have Completed an Electrician Trainee Approved Curriculum at:
(Use the School Number listed on our web site at www.dir.ca.gov/das/listofapprovedschools.html.)

School No.: _____ School Name (printed): _____

Current Electrical Employer (if any) Name: _____

Address: _____

City: _____ State: _____ Zip: _____ - _____

C.S.L.B. C10 License No.: _____ Phone No.: _____ / _____ - _____

This registration must be **renewed annually** until you become certified or leave the trade.

I certify under penalty of perjury that all statements and attachments are true and correct.

Signature: _____ Date: _____

Submit form with **original** signature and keep a copy for your records.

Incomplete or inaccurately paid applications will NOT be approved.

Attach exact payment of **\$25.00** by check or money order payable to 'DIR – Electrician Certification Fund'.

Mail this completed form with all required attachments to:

Division of Apprenticeship Standards Attn: Electrician Certification Unit
PO Box 420603 San Francisco, CA 94142-0603